



85 – 7th PLACE EAST, SUITE 500
ST. PAUL, MN 55101
651-539-1599

INSURANCE
Resident Producer
LETTER OF CLEARANCE REQUEST

E-mail this completed form to licensing.commerce@state.mn.us.

Name (please print)	License Number

ADDRESS YOU WANT YOUR LETTER OF CLEARANCE MAILED TO

Street Address
City/State/Zip
Phone Number

By submitting this form and signing my name, I understand that I am terminating my Minnesota Insurance Producer license.

Signature (required)

Date